

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
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**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

### EMPLOYMENT VERIFICATION FOR BARBER APPRENTICE TRAINERS

**APPLICANT: Complete top portion of this form and forward to past or present employer.** Proper completion of this form is required for processing of the application. Failure to submit proper documentation of employment will delay processing of your credential application.

**Last Name**

**First Name**

**MI**

**Former / Maiden Name(s)**

**Barber License Number**

**Date of Birth**

**I hereby authorize the employer named below to provide the Department with the information requested below.**

**Applicant Signature:**

**Date:**

**PAST OR PRESENT EMPLOYER: Certify employment below and return directly to DSPTS. The above listed applicant is required to have 2000 hours of practice as a licensed barber in order to supervise apprentices. You may fax/email to: (608) 251-3036 or**

**[DSPTSCREDBAC@wisconsin.gov](mailto:DSPTSCREDBAC@wisconsin.gov).**

**Barber Manager/Owner Name**

**Establishment License Number**

**Establishment Name**

**Total Number of Hours Worked**

**Employment Period** (include month, day, and year)

**From:**

**To:**

**I declare, as the Barber Manager or Owner, the foregoing statements are true to the best of my knowledge and belief, and that I personally completed and signed this form.**

**Signature of Barber Manager or Owner**

**Date**

**Email Address of Barber Manager or Owner**

**License Number**